

Name in Full

Certificate of Death

Died at

Town  
Savage

County

Howard

MARYLAND

Date 19 12

Month

Day

7-18

Y.

M.

D.

Age

67.4.3

Native of

Md

Occupation

turner

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widowess~~

Number of children living

10

Husband  
of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

How long sick

10 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



John T. Bell

Town

Savage

County

Howard

MARYLAND

Died at

Date 1902

Month

Day

7

1

Y.

M.

D.

Age

42.10.1

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

6 days

Death

Immediate

Congestion of Brain

~~Accident, Suicide, Homicide~~

Reported by

Elizabeth M. D.

Address

Savage

M. D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ernest Albert Boston,

Died at Guilford <sup>Town</sup> Howard <sup>County</sup>

MARYLAND

Date 1902 July - 4<sup>th</sup> | Age 0 - 6 - 21 | Native of Md. | Occupation \_\_\_\_\_

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_

Wife of \_\_\_\_\_

Father's Name Albert Boston

Mother's Maiden Name Annie Thomas

Cause of Death { Primary Dysentery 105 | How long sick 3 weeks

Death { Immediate Asthenia | ~~Accident, Suicide, Homicide~~

Reported by E. S. Ballinger M.D.

Address Guilford, Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Irine Brosenne

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 26

Age

5-18

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Christian Brosenne

Maggie Bach

Cause of

Primary

Cholera Infantum

How long sick

6 days

Death

Immediate

Calapse

~~Accident, Suicide, Homicide~~

Reported by

Benj F. Shipley

Address

Alpha

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Name in Full Chrystabel Cavery  
 Died at Woodstock Howard County MARYLAND  
 Date 1902 July 26 Month Day Year  
 Age 10 home and Native of and Occupation and  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ Number of children living and

Husband of

Wife of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

No Name

Town

County

Died at

MARYLAND

Date 19

02

July - 30

Age

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Still born

How long sick

Death

Immediate

Accident, Suicide, Homicide

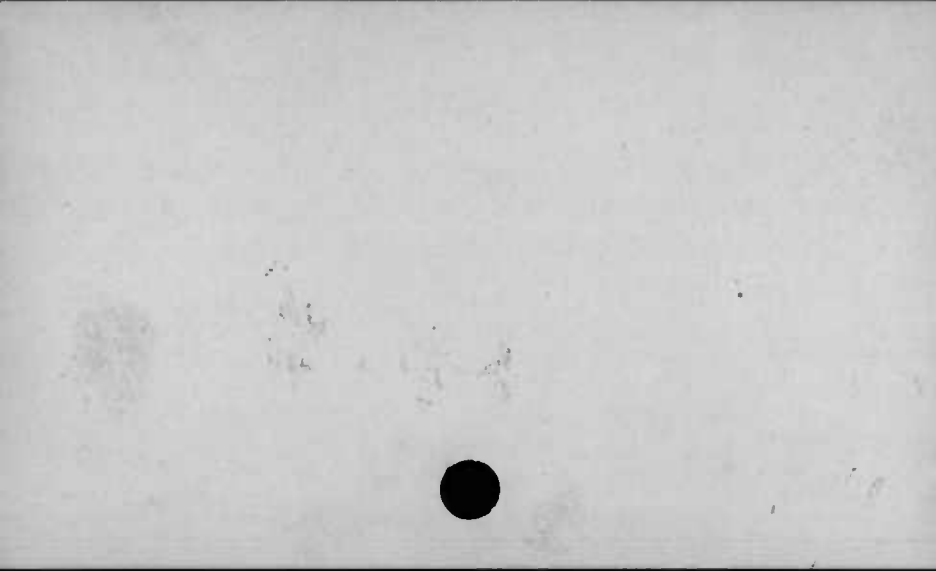
Reported by

Elizabeth Hagerworth Mork

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79802



*Perery Clifford*  
 Died at *Ellicott City* <sup>Town</sup> *Howard* <sup>County</sup> MARYLAND  
 Date 19*62* <sup>Month</sup> *July* <sup>Day</sup> *22* Y. *3* M. *md* D. *md*  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

*Enter Colitis*

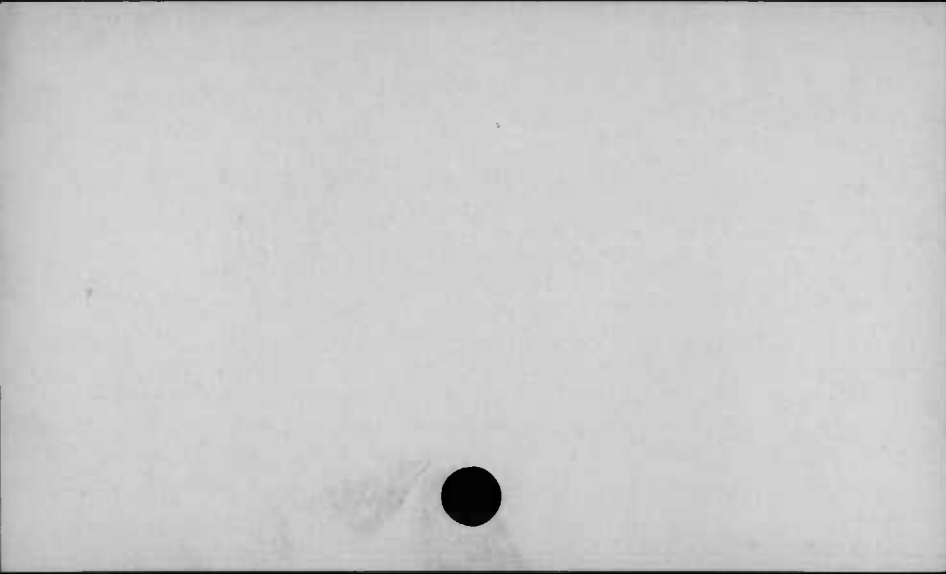
How long sick

*105*  
*a few days*~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at *Ellieatt City* <sup>Town</sup> *Howard* <sup>County</sup> *MARYLAND*  
 Date 19*17* <sup>Month</sup> *July* <sup>Day</sup> *13* | Age *63* | <sup>Y.</sup> *6* <sup>M.</sup> *3* <sup>D.</sup> | Native of *Md.* | Occupation \_\_\_\_\_  
~~Male~~ <sup>White</sup> ~~Colored~~ | ~~Married~~ <sup>Single</sup> | ~~Widow~~ <sup>Widower</sup> | ~~Divorced~~ | ~~Number of children living~~

Husband of  
Wife

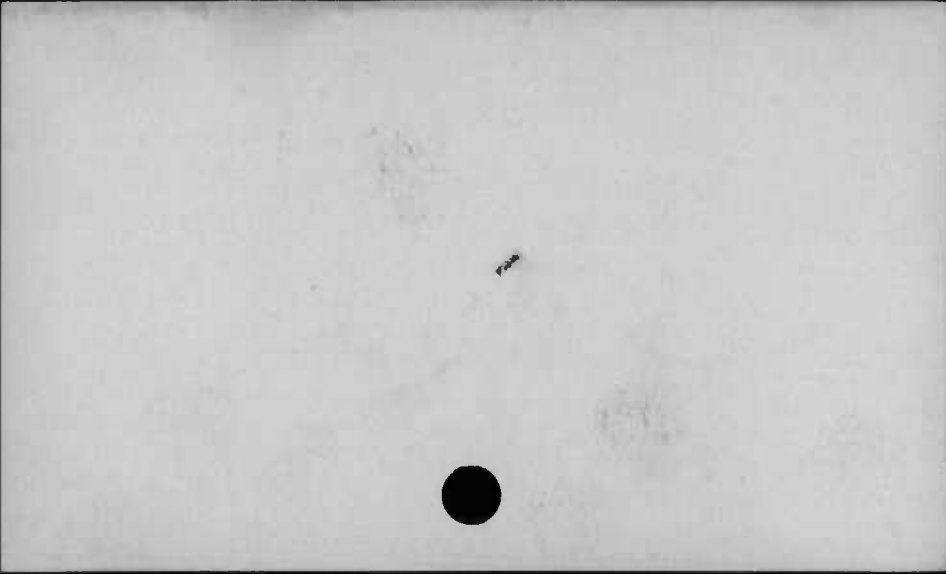
Father's Name *Grant Conolly* | Mother's Maiden Name *Margaret Mills*

Cause of Death { Primary *Colic* | How long sick \_\_\_\_\_  
 { Immediate *Peritonitis* | Accident, Suicide, Homicide \_\_\_\_\_

Reported by *William L. Hodges M.D.*

Address *Ellieatt City Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Pearl Sidonia Cooke,

near <sup>Town</sup> Glenely<sup>County</sup> Anne.

MARYLAND

Died at 1902 Month July Day 3. Age 0. 9. 0 Native of Md. Occupation

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☒ Widower ☐ Divorced ☐ Number of children living

Husband of  
Wife

Father's Name Warner Cooke Mother's Maiden Name Tillie Brunel.

Cause of Death { Primary Gasbri, eulenic Infection How long sick 1 wk.  
Immediate Exhaustion, Accident, Suicide, Homicide

Reported by

Address

L. L. Owens, Md.  
105 [redacted] Triddefluia. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Henry Davis

Town

County

Died at *Clarksville**Howard*

MARYLAND

Date 19 *02* Month *7* Day *20* Age *53* Y. M. D. Native of *Md* Occupation *Laborer*

Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ Widower ~~Widow~~ Divorced Number of children living *6*

Husband of *Annie D. Davis*

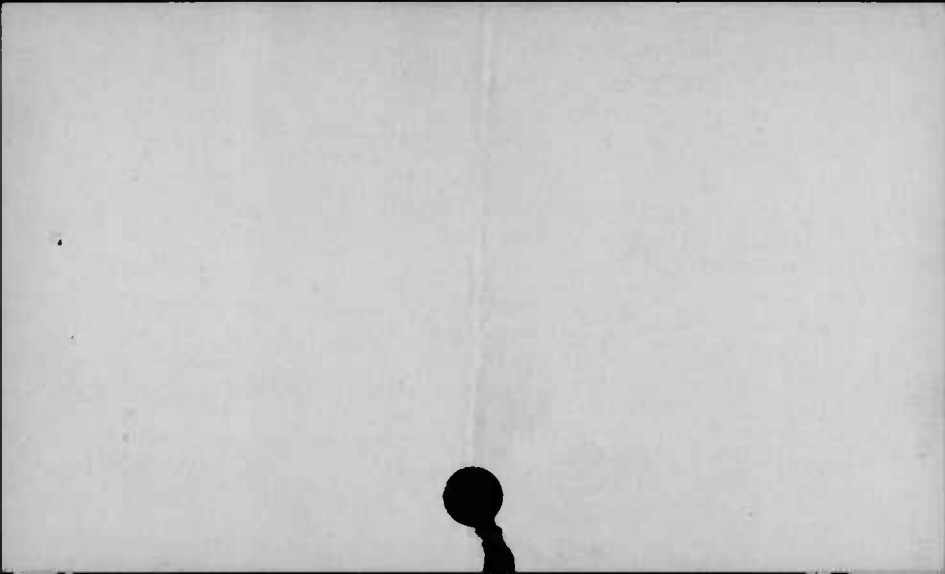
Wife  
 Father's Name  
 Mother's Maiden Name

Cause of Death { Primary *Tuberculosis*  
 Immediate *Exhaustion*

How long sick *3 mos.*  
 Accident, Suicide, Homicide

Reported by *M. W. L. Cissel.*Address *Highland, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



H. D. Derris

Town

County

Died at

alpha

Howard

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July

30

Age

76

5

10

Md

Farmer

Male

White

Married

~~Widower~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Ann E. Shipley

Father's

Name

Sail Derris

Mother's

Maiden Name

Sarah Elder

Cause of

Primary

pyelitis &amp; Pyelitis &amp; urina about 7 months

How long sick

Death

Immediate

urine leoma 20

~~Ascertained~~

Reported by

Benj F. Shipley

Md

Address

alpha

Howard Leo

Must be signed by physician, if any in attendance, otherwise

roner, undertaker or minister.

md



Name in Full

Certificate of Death

Horace F. Fisher

Died at Town *Savage* County *Howard* MARYLANDDate 19 *02* Month *7* Day *10* Age *64* Y. M. D. Native of *Ma* Occupation *Retired*Male White Married Widow Divorced  
Female Colored Single Widower Number of children living *6*Husband of *Eliza Fisher*  
Wife *Eliza Fisher*  
Father's Name *Orish Fisher* Mother's Maiden Name *Eliza Rod*Cause of Death { Primary *Paralysis*  
Immediate *Exhaustion* } How long sick *6 months*  
*60.* Accident, Suicide, HomicideReported by *W. L. Lintner M.D.*Address *Savage Ma*  
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Louis B. Frankless

Town

Ellicott

County

Howard

MARYLAND

Died at

Date 19 02

Month

Day

7 28

Age

Y.

M.

D.

1

3

Native of

Occupation

Baltimore County

Male

White

Married

Widow

Diversed

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Perry Frankless

Mother's

Maiden Name

Emma Easton

Cause of

Primary

Cholera

Infantum

How long sick

1 week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. J. H. Boring

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie L. Frazier

Died at

Town  
Guilford

County

Howard

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7

11

Age

1

24

Md

X

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Singla~~~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

C. Frazier

Mother's

Maiden Name

Annie Lowry

Cause of

Primary

Indigestion

Death

Immediate

Inanition

105

How long sick

2 weeks

~~Accident, Suicide, Homicide~~

Reported by

J. N. Lintner M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lydia Fuller ~~and~~

Town

County

Died at

Elliott City

Howard

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 14

Age 64

Md

Housewife

Male

~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

~~Husband~~  
of

Wife

Father's

Name

Isaac Fuller

Mother's

Maiden Name

Cause of

Primary

Paralysis

Death

Immediate

3<sup>d</sup> Attack

ble.

How long sick

several weeks

Accident, Suicide, Homicide

Reported by

William E. Hodges M.D.

Address

Elliott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Elsie May Grace

Died at

Hickman

Town

Harrison Co

County

MARYLAND

Date 19

02

Month

July

Day

18

Y.

M.

D.

Native of

Occupation

Age

2

Md

~~Male~~

White

~~Marrried~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband  
of  
WifeFather's  
Name

Morgan Grace

Mother's  
Maiden Name

May A. Irving

Cause of

Primary

Death

Immediate

Marasmus

105

How long sick

One month

Accident, Suicide, Homicide

Reported by

John M. Blodgett and  
Elm City Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Philip Lucinda V Haines

Died at

Elliott City

Town

County

Howard Co.,

MARYLAND

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

July 14

64

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Mondecai Haines

Mother's

Maiden Name

Mary Fish

Cause of

Primary

Dysentery, Epilepsy

Convulsions

Death

Immediate

How long sick

One week

~~Accident, Suicide, Homicide~~

Reported by

John M. Blodges and  
Elliott City Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Etta Hammond

Died at <sup>Town</sup> *Mar Elliott City* <sup>County</sup> *Howard* MARYLANDDate 1902 <sup>Month</sup> *July* <sup>Day</sup> *31* Age *- 3 -* <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> *Ind* <sup>Occupation</sup>

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Father's Name *Joshua Hammond* Mother's Maiden Name *Mary Curtis*Cause of Death { Primary *105* Immediate *Cholera Infantum* How long sick *Since birth* ~~Accident, Suicide, Homicide~~Reported by *Joshua Hammond* *li* *father of child*  
Address *W. H. Hammond*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret A. B. Hinkle

Town

County

Died at

Rover Howard Co

MARYLAND

Date 19

02

Month

Day

Y

M.

D.

Native of

Occupation

July 7

Age

60

Howard Co

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Sing~~~~Widower~~

Number of children living

Husband of

Wilbur W. Hinkel

Wife

Father's

Name

John Suter

Mother's

Maiden Name

unknown

Cause of

Primary

Septicemia 20

How long sick

10 days

Death

Immediate

Failing of vital forces

Accident, Suicide, Homicide

Reported by

J. Walter Sims M. D.

Address

Covington Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Emily Jane Hollineux

Town

County

Died at

MARYLAND

in Howard

Month July Day 14 Age 58 Native of Maryland Occupation housewife

Date 19 02

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living none

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of James R. Hollineux

Wife 40

Father's Name 40

Mother's Name 40

Maiden Name 40

Cause of Death { Primary Cancer of Stomach Immediate Cancer of Stomach How long sick 6 months Accident, Suicide, Homicide ☒

Reported by Dr. A. Williams

Address 2200 Ridge Road Co 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Place of burial  
Mount View in  
Howard Co

---



Name in Full

Certificate of Death

Mary Myers

Died at Highland

Town

Howard

County

MARYLAND

Date 1902 7 20

Month

Day

Age 24 3 9

Y.

M.

D.

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

Death

Immediate

Exhaustion

How long sick

3 yrs.

Accident, Suicide, Homicide

Reported by

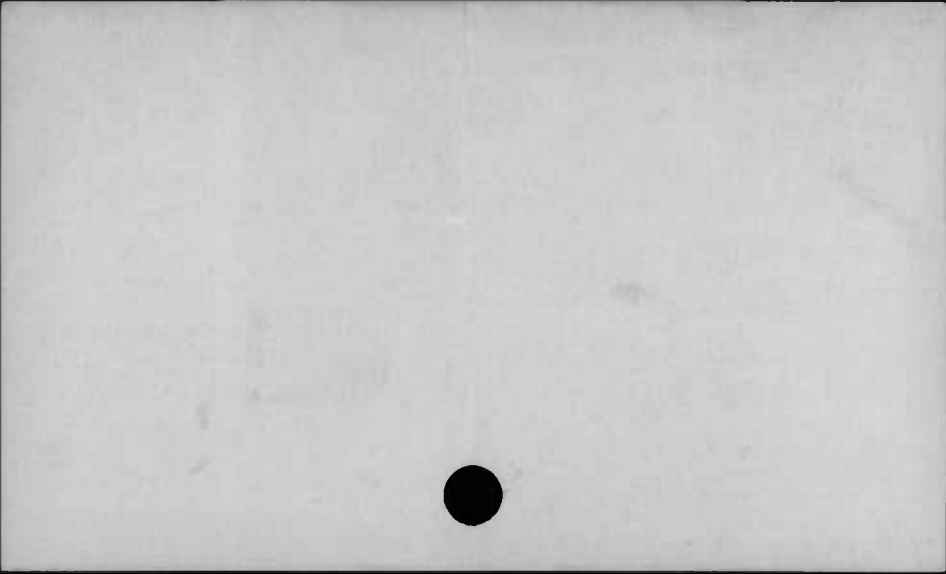
N. N. L. Cissel

Address

Highland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY DUPELW, 70808



Name in Full

Certificate of Death

*Sophia Palmer*  
 Town County

Died at *Campanville*

*Howard*

MARYLAND

Date 19*02* *7* *14*

Age *45*

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

*7*

Husband of

*Wm Palmer*

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Apoplexy*

Death

Immediate

*asthenia*

How long sick

*1 yr.*

Accident, Suicide, Homicide

Reported by

*Wm L. Cline*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Infant*

Town *Seagoville* County *Howard* MARYLAND

Died at			Month	Day	Y.	M.	D.	Native of	Occupation
Date 19 <i>02</i>			<i>7</i>	<i>5</i>			<i>1</i>	<i>md</i>	
<del>Male</del>			White		Married		Widow	Divorced	
Female			Colored		Single		Widower	Number of children living	

Husband  
of  
Wife

Father's Name *Milton Parker* Mother's Name *Elizabeth Miles*

Cause of	Primary	How long sick
Death	immediate <i>Mortuus Caninus</i>	Accident, Suicide, Homicide

Reported by *M. L. Lissel*

Address *Highland Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Venie Phelps

Town

County

Died at

Savage

Howard

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

7

4

Age

32

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

4

Husband

of

Benj Phelps

Wife

Father's

Name

Saml. Smith

Mother's

Maiden Name

Annie Cadde

Cause of

Primary

Eclampsia

How long sick

4 hours

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

J.W. Linticum M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Woodville Ryan

Town

County

MARYLAND

Died at

West Friendship

Howard

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July - 7

Age

- 7 -

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Emily R.

Wife

Father's

Name

Thomas Ryan

Mother's

Maiden Name

Emily Borden

Cause of

Primary

Dysentery

How long sick

7 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

John H. &amp; Son

Address

West Friendship - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mazie L. Sands

Town

County

MARYLAND

Died at

26.11.1902

St. Leonard

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 July 8

Age

11 - -

md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Denis Sands

Mother's

Maiden Name

Ann Lee

Cause of

Primary

Tubercular meningitis

How long sick

about 2 mos

Death

Immediate

Common

Accident, Suicide, Homicide

Reported by

Bing H. Stupley

MD

Address

alpha

MD

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

4

Lawrence Smith

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 28<sup>th</sup>

Age

1

1

6

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Fred. W. Smith

Malvina B. Hall

Cause of

Primary

Pertussis &amp; Pneumonitis &amp; convulsions

How long sick

about 3 weeks

Death

Immediate

Accident, Suicide, Homicide

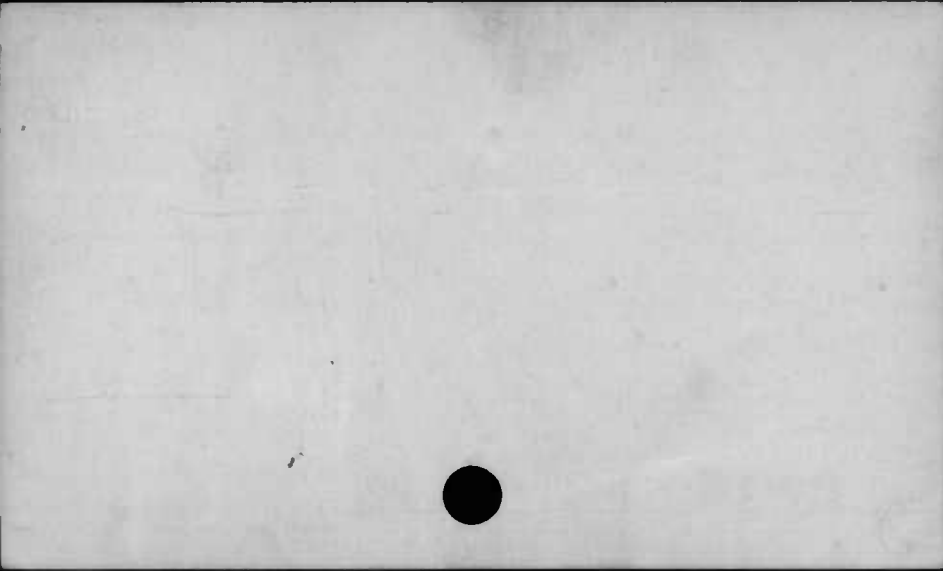
Reported by

Benj. F. Shipley M D

Address

alpha

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Elizabeth Thompson

Died at West Friendship Howard MARYLAND

Date 19 22 7 - 23 Day Month Town County  
 Age 10 10 Y. M. D. Maryland Native of Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name A. V. Thompson Mother's Name Mattie Cornell  
 Maiden Name \_\_\_\_\_

Cause of Death { Primary Pertussis Spasms 8 How long sick 3 weeks  
 Immediate \_\_\_\_\_ Accident, Suicide, Homicide

Reported by no W. H. H. & Son  
 Address West Friendship Howard Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Not named  
 Died at <sup>Town</sup> Elk Ridge <sup>County</sup> Howard MARYLAND  
 Date 19 02 <sup>Month</sup> July <sup>Day</sup> 15<sup>th</sup> <sup>Age</sup> \_\_\_\_\_ <sup>Native of</sup> Maryland <sup>Occupation</sup> none  
~~Male~~ <sup>White</sup> ~~Female~~ <sup>Married</sup> ~~Single~~ <sup>Widow</sup> ~~Widower <sup>Divorced</sup> ~~Number of children living~~  
 Husband \_\_\_\_\_ of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name James O Vermillion Mother's Name Lula P Loggins  
 Maiden Name \_\_\_\_\_  
 Cause of Death { Primary still born Immediate \_\_\_\_\_ } How long sick still born  
 Accident, Suicide, Homicide \_\_\_\_\_  
 Reported by Arthur Williams M.D.  
 Address Elk Ridge Ind~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Louise Wallace

Town

Ellicott City

County

Howard

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

1

Age

10

Maryland

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~WidowerNumber of children livingHusband  
of

Wife

Father's

Name

Frank Wallace

Mother's

Maiden Name

Sarah b Dorrings

Cause of

Primary

Cholera Infantum

How long sick

Death

Immediate

Brain Complication

Accident, Suicide, Homicide

Reported by

J H B Dorrings

Address

Ellicott City

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Reuben M. Whitney*  
 Town *Laurel* County *Howard* MARYLAND  
 Died at  
 Date 19 *02* *July* *28* Month Day Y. M. D. Age *54* Native of *Ind* Occupation *Drpt. Clerk*  
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *2*  
 Husband of *Mary H. Whitney*  
 Wife  
 Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Cause of Death { Primary *Carcinoma of liver* Immediate *Aschemia* *40* How long sick *Several months*  
 Accident, Suicide, Homicide ☐  
 Reported by *W. F. Taylor M.D.*  
 Address *Laurel Ind*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary E. Wiles

Town

County

Died at Alberton

Howard

MARYLAND

Date 1902 July 5 Y. 23 M. 11 D. 7 Native of Md Occupation Mill Hand

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband  
of

Father's Name Wm A. Wiles

Mother's Name Dorothy J. Wiles

Cause of Death { Primary Tuberculosis  
Immediate Peritonitis

How long sick  
About 6 months

~~Accident, Suicide, Homicide~~

Reported by

J. Gasey Waltemeyer M.D.

Address

Alberton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Name in Full Mr. Mann

Town Ellicott City County Harford MARYLAND

Died at Ellicott City Month 02 Day 24 Y. 4 M. 0 D. 0 Native of \_\_\_\_\_ Occupation \_\_\_\_\_

Date 19 02 Age 24

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name Richard Wilson Mother's Maiden Name Harriet Wilson

Cause of Death { Primary Pneumonia Immediate Breath How long sick \_\_\_\_\_  
 Accident, Suicide, Homicide \_\_\_\_\_

Reported by Dr. O'Wings

Address \_\_\_\_\_

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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